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Art Unit Address to: Commissioner for Patents М¢Ģапу, S. Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 E3697-00005 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with 53897 Customer Number: Firm or Individual Name Address State Zip City Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number __46,636 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed James W. Collett Name Telephone 2005 619-744-2240 NOTE: Signatures of all the inventors or essigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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